

**REPORT
ON THE
COST REPORT REVIEW**

_____, CALIFORNIA
PROVIDER NUMBER: _____

FISCAL PERIOD ENDED

**Audits Section - Sacramento
Financial Audits Branch
Audits and Investigations
Department of Health Services**

Section Chief: Evie Correa
Audit Supervisor: _____
Auditor: _____



DIANA M. BONTÁ, R.N., Dr. P.H.
Director

State of California—Health and Human Services Agency
Department of Health Services



GRAY DAVIS
Governor

Administrator

PROVIDER: _____
PROVIDER NO. _____
FISCAL PERIOD ENDED _____

We have examined the Provider's Medi-Cal cost report for the above-referenced fiscal period. Our examination was made under the authority of Section 14170 of the Welfare and Institutions Code and, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

, except that we did not review the [Specific Audit Program]. Our examination of the [Specific Audit Program (Hospital-Rural Health Clinics or FQHC only)] Medi-Cal Supplemental Worksheets/Schedules was limited to a review of the Medi-Cal Paid Claims Summary Report.

, except that we did not review the [Specific Audit Program]. Our examination of the [Specific Audit Program] was limited to a review of the Medi-Cal Paid Claims Summary Report.

, except that we did not review the [Specific Audit Program]. Our examination of the [Specific Audit Program] was limited to a review of _____.

In our opinion, the audited settlement for the fiscal period due the [State/Provider] in the amount of \$_____ presented in the Summary of Findings represents a proper determination in accordance with the reimbursement principles of applicable programs.

In our opinion, the audited combined settlement for the fiscal period due the [State/Provider] in the amount of \$_____, and the audited costs presented in the Summary of Findings represents a proper determination in accordance with the reimbursement principles of applicable programs.



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591 North Seventh Street, P. O. Box 942732, Sacramento, CA, 94234-7320
(916) 322-2823 / (916) 323-4479 fax
Internet Address: www.dhs.ca.gov

In our opinion, the data presented in the Summary of Findings represents a proper determination of the allowable costs for the above fiscal period in accordance with Medi-Cal reimbursement principles.

This Audit Report includes the:

1. Summary of Findings
2. Computation of Audited Medi-Cal Reimbursement Settlement (NONCONTRACT Schedules)
3. Computation of Audited Medi-Cal Cost (CONTRACT Schedules)
4. Computation of Audited Distinct Part Nursing Facility Per Diem (DPNF Schedules)
5. Computation of Audited Subacute Per Diem (SUBACUTE Schedules)
6. Computation of Audited FQHC Settlement (FQHC Schedules)
7. Computation of Audited 95-210 Settlement (95-210 Schedules)
8. Computation of Audited County Medical Services Program Settlement (CMSP Schedules)
9. Audited Allocation of Home Office Cost
10. Audit Adjustments Schedule

The audited settlement will be incorporated into a Statement(s) of Account Status, which may reflect tentative retroactive adjustment determinations, payments from the Provider, and other financial transactions initiated by the Department. The Statement(s) of Account Status will be forwarded to the Provider by the State's fiscal intermediary. Instructions regarding payment will be included with the Statement(s) of Account Status.

Future Distinct Part Nursing Facility prospective rates may be affected by this examination. The extent of the rate changes will be determined by the Department's Rate Development Branch.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

If you disagree with the decision of the Department, you may appeal by writing to Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, CA 95814. This written notice of disagreement must be received by the Department within 60 calendar days from the day you receive this letter. A copy of this notice should be sent to the Assistant Chief Counsel, Appeals and Suspension Section, Office of Legal Services, Department of Health Services, 714/744 P Street, Room 1216, P.O. Box 942732, Sacramento, CA 94234-7320. The procedures that govern an appeal are contained in Welfare and Institutions Code, Section 14171, and Title 22, California Code of Regulations, Section 51016, et seq.

If you have further questions regarding this report, you may call the Audits Section-Sacramento at (916) 322-2823.

Evie Correa, Chief
Audits Section-Sacramento
Financial Audits Branch

Certified

SUMMARY OF FINDINGS

Provider Name:
O'CONNOR HOSPITAL

Fiscal Period Ended:
JUNE 30, 2001

	SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider No. ZZR00153F Reported Amount Due Provider (State) Net Change Audited Amount Due Provider (State)	\$ 0 \$ 0 \$ 0	
2. (SCHEDULE 1-1) Provider No. Reported Amount Due Provider (State) Net Change Audited Amount Due Provider (State)	\$ 0 \$ 0 \$ 0	
3. (SCHEDULE 1-2) Provider No. Reported Amount Due Provider (State) Net Change Audited Amount Due Provider (State)	\$ 0 \$ 0 \$ 0	
4. Medi-Cal Contract Cost (CONTRACT SCH 1) Provider No. HSC00153F Reported Cost Net Change Audited Cost Audited Amount Due Provider (State)		\$ 0 \$ 0 \$ 0 \$ 0
5. Distinct Part Nursing Facility (DPNF SCH 1) Provider No. Reported Cost Per Day Net Change Audited Cost Per Day Audited Amount Due Provider (State)		\$ 0.00 \$ 0.00 \$ 0.00 \$ 0
6. Distinct Part Nursing Facility (DPNF SCH 1-1) Provider No. Reported Cost Per Day Net Change Audited Cost Per Day Audited Amount Due Provider (State)		\$ 0.00 \$ 0.00 \$ 0.00 \$ 0
7 Subacute (SUBACUTE SCH 1) Provider No. Reported Cost Per Day Net Change Audited Cost Per Day Audited Amount Due Provider (State)		\$ 0.00 \$ 0.00 \$ 0.00 \$ 0
8 Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)	\$ 0	
9 Total Medi-Cal Cost		\$ 0

SUMMARY OF FINDINGS

Provider Name:
O'CONNOR HOSPITAL

Fiscal Period Ended:
JUNE 30, 2001

	SETTLEMENT	COST
10 Subacute (SUBACUTE SCH 1-1)		
Provider No.		
Reported Cost Per Day		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
11 Rural Health Clinics (RHC SCH 1)		
Provider No.		
Reported Amount Due Provider (State)	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
12 Rural Health Clinics (RHC 95-210 SCH 1)		
Provider No.		
Reported Amount Due Provider (State)	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
13 Rural Health Clinics (RHC 95-210 SCH 1-1)		
Provider No.		
Reported Amount Due Provider (State)	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
14 County Medical Services Prog. (CMSP SCH 1)		
Provider No.		
Reported Amount Due Provider (CMSP)	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (CMSP)	\$ 0	
15 Transitional (TC SCH 1)		
Provider No.		
Reported Cost Per Day		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
16 Total Other Settlement		
Due Provider - (Lines 10 through 15)	\$ 0	
17 Total Combined Audited Settlement Due		
Provider (State/CMSP/RHC) - (Line 8 + Line 16)	\$ 0	

COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:
O'CONNOR HOSPITAL

Fiscal Period Ended:
JUNE 30, 2001

Provider No:
HSC00153F

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3)	\$ 0	\$ 0
2. Excess Reasonable Cost Over Charges (Contract Sch 2)	\$ 0	\$ 0
3. Medi-Cal Inpatient Hospital Based Physician Services	\$	\$ N/A
4.	\$	\$ 0
5. Subtotal (Sum of Lines 1 through 4)	\$ 0	\$ 0
6.	\$	\$ 0
7.	\$	\$ 0
8. Total Medi-Cal Cost (Sum of Lines 5 through 7)	\$ 0	\$ 0
	(To Summary of Findings)	
9. Medi-Cal Overpayments (Adj)	\$	\$ 0
10. Medi-Cal Credit Balances (Adj)	\$	\$ 0
11.	\$	\$ 0
12.	\$	\$ 0
13. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ 0	\$ 0
	(To Summary of Findings)	

**COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGES**

Provider Name:
O'CONNOR HOSPITAL

Fiscal Period Ended:
JUNE 30, 2001

Provider No:
HSC00153F

REPORTED

AUDITED

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Contract Sch 3)	\$ <u>0</u>	\$ <u>0</u>
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CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj)	\$ <u>0</u>	\$ <u>0</u>
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3. Inpatient Ancillary Service Charges (Adj)	\$ <u>0</u>	\$ <u>0</u>
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4. Total Charges - Medi-Cal Inpatient Services	\$ <u>0</u>	\$ <u>0</u>
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5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>0</u>	\$ <u>0</u>
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6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ <u><u>0</u></u>	\$ <u><u>0</u></u>
	(To Contract Sch 1)	

* If charges exceed reasonable cost, no further calculation necessary for this schedule.

**COMPUTATION OF
MEDI-CAL NET COST OF COVERED SERVICES**

Provider Name:
O'CONNOR HOSPITAL

Fiscal Period Ended:
JUNE 30, 2001

Provider No:
HSC00153F

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Contract Sch 5)	\$ _____	\$ _____ 0
2. Medi-Cal Inpatient Routine Services (Contract Sch 4)	\$ _____ 0	\$ _____ 0
3. Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch)	\$ _____	\$ _____ 0
4.	\$ _____	\$ _____ 0
5.	\$ _____	\$ _____ 0
6. SUBTOTAL (Sum of Lines 1 through 5)	\$ _____ 0	\$ _____ 0
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Contract Sch 7)	(See \$ <u>Contract Sch 1</u>)	\$ _____ 0
8. SUBTOTAL	\$ _____ 0	\$ _____ 0
	(To Contract Sch 2)	
9. Coinsurance (Adj)	\$ _____	\$ _____ 0
10. Patient and Third Party Liability (Adj)	\$ _____	\$ _____ 0
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ _____ 0	\$ _____ 0
	(To Contract Sch 1)	

**COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST**

Provider Name:
O'CONNOR HOSPITAL

Fiscal Period Ended:
JUNE 30, 2001

Provider No:
HSC00153F

	REPORTED	AUDITED
GENERAL SERVICE UNIT NET OF SWING-BEDS COSTS		
INPATIENT DAYS		
1. Total Inpatient Days (include private & swing-bed) (Adj)	0	0
2. Inpatient Days (include private, exclude swing-bed)	0	0
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	0	0
5. Medicare NF Swing-Bed Days through Dec 31 (Adj)	0	0
6. Medicare NF Swing-Bed Days after Dec 31 (Adj)	0	0
7. Medi-Cal NF Swing-Bed Days through July 31 (Adj)	0	0
8. Medi-Cal NF Swing-Bed Days after July 31 (Adj)	0	0
9. Medi-Cal Days (excluding swing-bed) (Adj)	0	0
SWING-BED ADJUSTMENT		
17. Medicare NF Swing-Bed Rates through Dec 31 (Adj)	\$ 0.00	\$ 0.00
18. Medicare NF Swing-Bed Rates after Dec 31 (Adj)	\$ 0.00	\$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31 (Adj)	\$ 0.00	\$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31 (Adj)	\$ 0.00	\$ 0.00
21. Total Routine Serv Cost (Sch 8, Part I, Line 25, Col 27)	\$ 0	\$ 0
22. Medicare NF Swing-Bed Cost through Dec 31 (L 5 x L 17)	\$ 0	\$ 0
23. Medicare NF Swing-Bed Cost after Dec 31 (L 6 x L 18)	\$ 0	\$ 0
24. Medi-Cal NF Swing-Bed Cost through July 31 (L 7 x L 19)	\$ 0	\$ 0
25. Medi-Cal NF Swing-Bed Cost after July 31 (L 8 x L 20)	\$ 0	\$ 0
26. Total Swing-Bed Cost (Sum of Lines 22 to 25)	\$ 0	\$ 0
27. Inpatient Routine Cost Net of Swing-Bed (L 21 minus L 26)	\$ 0	\$ 0
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)(Adj)	\$ 0	\$ 0
29. Private Room Charges (excluding swing-bed charges)(Adj)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)(Adj)	\$ 0	\$ 0
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.000000	\$ 0.000000
32. Average Private Room Per Diem Charge (L 29 / L 3)	\$ 0.00	\$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 / L 4)	\$ 0.00	\$ 0.00
34. Avg Per Diem Prvt Room Charge Differential (L 32 minus L 33)	\$ 0.00	\$ 0.00
35. Average Per Diem Private Room Cost Differential (L 31 x L 34)	\$ 0.00	\$ 0.00
36. Private Room Cost Differential Adjustment (L 35 x L 3)	\$ 0	\$ 0
37. Inpatient Rout Cost Net of Swing-Bed & Prvt Rm (L 27 minus L 36)	\$ 0	\$ 0
PROGRAM INPATIENT OPERATING COST		
38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 0.00	\$ 0.00
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 0	\$ 0
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	\$ 0	\$ 0
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 0	\$ 0

(To Contract Sch 3)

**COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST**

Provider Name:
O'CONNOR HOSPITAL

Fiscal Period Ended:
JUNE 30, 2001

Provider No:
HSC00153F

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 0	\$ 0
2. Total Inpatient Days (Adj)	0	0
3. Average Per Diem Cost	\$ 0.00	\$ 0.00
4. Medi-Cal Inpatient Days (Adj)		0
5. Cost Applicable to Medi-Cal	\$ 0	\$ 0
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 0	\$ 0
7. Total Inpatient Days (Adj)	0	0
8. Average Per Diem Cost	\$ 0.00	\$ 0.00
9. Medi-Cal Inpatient Days (Adj)		0
10. Cost Applicable to Medi-Cal	\$ 0	\$ 0
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 27, Col 27)	\$ 0	\$ 0
12. Total Inpatient Days (Adj)	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Adj)		0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
NEONATAL INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 28, Col 27)	\$ 0	\$ 0
17. Total Inpatient Days (Adj)	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Adj)		0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
SURGICAL INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 29, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj)	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj)		0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
26. Total Inpatient Routine Cost (Sch 8, Line __ , Col 27)	\$ 0	\$ 0
27. Total Inpatient Days (Adj)	0	0
28. Average Per Diem Cost	\$ 0.00	\$ 0.00
29. Medi-Cal Inpatient Days (Adj)		0
30. Cost Applicable to Medi-Cal	\$ 0	\$ 0
31. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	\$ 0	\$ 0

(To Contract Sch 4)

**COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST**

Provider Name:
O'CONNOR HOSPITAL

Fiscal Period Ended:
JUNE 30, 2001

Provider No:
HSC00153F

SPECIAL CARE UNITS	REPORTED	AUDITED
1. Total Inpatient Routine Cost (Sch 8, Line ___, Col 27)	\$ 0	\$ 0
2. Total Inpatient Days (Adj)	0	0
3. Average Per Diem Cost	\$ 0.00	\$ 0.00
4. Medi-Cal Inpatient Days (Adj)	0	0
5. Cost Applicable to Medi-Cal	\$ 0	\$ 0
6. Total Inpatient Routine Cost (Sch 8, Line ___, Col 27)	\$ 0	\$ 0
7. Total Inpatient Days (Adj)	0	0
8. Average Per Diem Cost	\$ 0.00	\$ 0.00
9. Medi-Cal Inpatient Days (Adj)	0	0
10. Cost Applicable to Medi-Cal	\$ 0	\$ 0
11. Total Inpatient Routine Cost (Sch 8, Line ___, Col 27)	\$ 0	\$ 0
12. Total Inpatient Days (Adj)	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Adj)	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
16. Total Inpatient Routine Cost (Sch 8, Line ___, Col 27)	\$ 0	\$ 0
17. Total Inpatient Days (Adj)	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Adj)	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
21. Total Inpatient Routine Cost (Sch 8, Line ___, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj)	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj)	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
26. Total Inpatient Routine Cost (Sch 8, Line ___, Col 27)	\$ 0	\$ 0
27. Total Inpatient Days (Adj)	0	0
28. Average Per Diem Cost	\$ 0.00	\$ 0.00
29. Medi-Cal Inpatient Days (Adj)	0	0
30. Cost Applicable to Medi-Cal	\$ 0	\$ 0
31. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	\$ 0	\$ 0

(To Contract Sch 4)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
O'CONNOR HOSPITAL

Fiscal Period Ended:
JUNE 30, 2001

Provider No:
HSC00153F

		TOTAL ANCILLARY COST*	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (Contract Sch 6)	MEDI-CAL COST
ANCILLARY COST CENTERS						
37.00	Operating Room	\$ 11,618,454	\$ 0	0.000000	\$ 0	\$ 0
39.00	Delivery and Labor Room	3,774,292	0	0.000000	0	0
40.00	Anesthesiology	480,579	0	0.000000	0	0
41.00	Radiology-Diagnostic	2,533,620	0	0.000000	0	0
42.00	Radiology-Therapeutic	949,190	0	0.000000	0	0
43.00	Radioisotope	825,650	0	0.000000	0	0
44.00	Laboratory	3,878,380	0	0.000000	0	0
47.00	Blood Storing and Processing	989,094	0	0.000000	0	0
49.00	Respiratory Therapy	1,806,607	0	0.000000	0	0
50.00	Physical Therapy	1,742,741	0	0.000000	0	0
55.00	Medical Supplies Charged to Patients	1,266,763	0	0.000000	0	0
56.00	Drugs Charged to Patients	3,917,464	0	0.000000	0	0
57.00	Renal Dialysis	367,876	0	0.000000	0	0
59.00		0	0	0.000000	0	0
59.01	CT Scan	2,384,182	0	0.000000	0	0
59.02	Special Procedures	761,295	0	0.000000	0	0
59.03	Cardiac Diagnostic Center	2,431,572	0	0.000000	0	0
59.04		0	0	0.000000	0	0
59.05		0	0	0.000000	0	0
59.06		0	0	0.000000	0	0
59.07		0	0	0.000000	0	0
59.08		0	0	0.000000	0	0
59.09		0	0	0.000000	0	0
59.10		0	0	0.000000	0	0
59.11		0	0	0.000000	0	0
59.12		0	0	0.000000	0	0
59.13		0	0	0.000000	0	0
59.14		0	0	0.000000	0	0
60.00	Clinic	0	0	0.000000	0	0
60.01	CFL Clinic	1,822,574	0	0.000000	0	0
60.04	Wound Care Clinic	1,120,828	0	0.000000	0	0
60.05	Heart Lab	251,331	0	0.000000	0	0
60.06	San Carlos Clinic	85	0	0.000000	0	0
61.00	Emergency	2,663,884	0	0.000000	0	0
71.00	Home Health Agency	2,694,886	0	0.000000	0	0
72.00		0	0	0.000000	0	0
73.00		0	0	0.000000	0	0
74.00		0	0	0.000000	0	0
	TOTAL	\$ 48,281,349	\$ 0		\$ 0	\$ 0

(To Contract Sch 3)

* From Schedule 8, Column 27

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
O'CONNOR HOSPITAL

Fiscal Period Ended:
JUNE 30, 2001

Provider No:
HSC00153F

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj)	AUDITED
37.00	Operating Room	\$	\$	0
39.00	Delivery and Labor Room			0
40.00	Anesthesiology			0
41.00	Radiology-Diagnostic			0
42.00	Radiology-Therapeutic			0
43.00	Radioisotope			0
44.00	Laboratory			0
47.00	Blood Storing and Processing			0
49.00	Respiratory Therapy			0
50.00	Physical Therapy			0
55.00	Medical Supplies Charged to Patients			0
56.00	Drugs Charged to Patients			0
57.00	Renal Dialysis			0
59.00				0
59.01	CT Scan			0
59.02	Special Procedures			0
59.03	Cardiac Diagnostic Center			0
59.04				0
59.05				0
59.06				0
59.07				0
59.08				0
59.09				0
59.10				0
59.11				0
59.12				0
59.13				0
59.14				0
60.00	Clinic			0
60.01	CFL Clinic			0
60.04	Wound Care Clinic			0
60.05	Heart Lab			0
60.06	San Carlos Clinic			0
61.00	Emergency			0
71.00	Home Health Agency			0
72.00				0
73.00				0
74.00				0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 0	\$ 0	\$ 0

(To Contract Sch 5)

SCHEDULE 8

Fiscal Period Ended: JUNE 30, 2001

O'CONNOR HOSPITAL

[illegible]

SCHEDULE 8

Fiscal Period Ended: JUNE 30, 2001

O'CONNOR HOSPITAL

[illegible]

Provider Name:
O'CONNOR HOSPITAL

Fiscal Period Ended: JUNE 30, 2001

**ADMINIS-
TRATIVE &
GENERAL
6.06**

TRIAL BALANCE		ALLOC	EMPLOYEE	ALLOC	ALLOC	ALLOC	ALLOC	ALLOC	ALLOC	ALLOC	ALLOC	ACCUMULATE	ADMINIS-
EXPENSES		COST	BENEFITS	COST	COST	COST	COST	COST	COST	COST	COST	COST	TRATIVE &
		4.00	5.00	5.01	6.01	6.02	6.03	6.04	6.05				GENERAL
													6.06
GENERAL SERVICE COST CENTER													
1.00	Old Cap Rel Costs-Bldg & Fixtures												
1.01	Old Cap Rel Costs- 53/69												
1.02	Old Cap Rel Costs-Depau												
1.03	Old Cap Rel Costs-Parking												
1.06	Old Cap Rel Cost - Laundry												
2.00	Old Cap Rel Costs- Mvble Equip												
3.00	New Cap Rel Costs-Bldg & Fixtures												
3.01	New Cap Rel Costs- 53/69												
3.02	New Cap Rel Costs-Depau												
3.03	New Cap Rel Costs-Parking												
3.06	New Cap Rel Cost - Laundry												
4.00	New Cap Rel Costs-Mvble Equip												
5.00	Employee Benefits	0											
5.01	Human Resources	0	0										
6.01	Communications	0	0	0									
6.02	Data Processing	0	0	0	0								
6.03	Purchasing/Receiving	0	0	0	0	0							
6.04	Admitting	0	0	0	0	0	0						
6.05	Patient Services	0	0	0	0	0	0	0					
		0	0	0	0	0	0	0	0	0			
		0	0	0	0	0	0	0	0	0	0		
6.06	Administrative and General	0	0	0	0	0	0	0	0	0	0	0	10,440,471
7.00	Maintenance and Repairs	0	0	0	0	0	0	0	0	0	0	0	400,538
8.00	Operation of Plant	0	0	0	0	0	0	0	0	0	0	0	246,526
9.00	Laundry and Linen Service	0	0	0	0	0	0	0	0	0	0	0	93,038
10.00	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	1,915,700
11.00	Dietary	0	0	0	0	0	0	0	0	0	0	0	264,540
12.00	Cafeteria	0	0	0	0	0	0	0	0	0	0	0	1,915,700
14.00	Nursing Administration	0	0	0	0	0	0	0	0	0	0	0	264,540
15.00	Central Services & Supplies	0	0	0	0	0	0	0	0	0	0	0	1,915,700
16.00	Pharmacy	0	0	0	0	0	0	0	0	0	0	0	264,540
17.00	Medical Records and Medical Library	0	0	0	0	0	0	0	0	0	0	0	1,915,700
18.00	Social Service	0	0	0	0	0	0	0	0	0	0	0	264,540
19.00		0	0	0	0	0	0	0	0	0	0	0	1,915,700
19.01		0	0	0	0	0	0	0	0	0	0	0	264,540
19.02		0	0	0	0	0	0	0	0	0	0	0	1,915,700
19.03		0	0	0	0	0	0	0	0	0	0	0	264,540
20.00	Nonphysician Anesthetists	0	0	0	0	0	0	0	0	0	0	0	1,915,700
21.00	Nursing School	0	0	0	0	0	0	0	0	0	0	0	264,540
22.00	Intern & Res Service-Salary & Fringe	0	0	0	0	0	0	0	0	0	0	0	1,915,700
23.00	Intern & Res Other Program	0	0	0	0	0	0	0	0	0	0	0	264,540
24.00	Paramedical Ed Program	0	0	0	0	0	0	0	0	0	0	0	1,915,700
INPATIENT ROUTINE COST CENTER													
25.00	Adults & Pediatrics (Gen Routine	0	0	0	0	0	0	0	0	0	0	0	11,134,975
26.00	Intensive Care Unit	0	0	0	0	0	0	0	0	0	0	0	2,859,360
27.00	Coronary Care Unit	0	0	0	0	0	0	0	0	0	0	0	394,850
28.00	Neonatal Intensive Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
29.00	Surgical Intensive Care	0	0	0	0	0	0	0	0	0	0	0	0
30.00	Subprovider I	0	0	0	0	0	0	0	0	0	0	0	0
31.00	Subprovider I	0	0	0	0	0	0	0	0	0	0	0	0
32.00		0	0	0	0	0	0	0	0	0	0	0	0
33.00	Nursery	0	0	0	0	0	0	0	0	0	0	0	1,523,026
34.00	Medicare Certified Nursing Facility	0	0	0	0	0	0	0	0	0	0	0	210,315
35.00	Distinct Part Nursing Facility	0	0	0	0	0	0	0	0	0	0	0	182,808
36.00		0	0	0	0	0	0	0	0	0	0	0	0
36.01	Subacute Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
36.02	Transitional Care Unit	0	0	0	0	0	0	0	0	0	0	0	0

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.1

Provider Name:

Fiscal Period Ended: JUNE 30, 2001

O'CONNOR HOSPITAL

TRIAL BALANCE EXPENSES	ALLOC COST 4.00	EMPLOYEE BENEFITS 5.00	ALLOC COST 5.01	ALLOC COST 6.01	ALLOC COST 6.02	ALLOC COST 6.03	ALLOC COST 6.04	ALLOC COST 6.05	ALLOC COST	ALLOC COST	ACCUMULATE COST	ADMINIS- TRATIVE & GENERAL 6.06
ANCILLARY COST CENTERS												
37.00 Operating Room	0	0	0	0	0	0	0	0	0	0	10,208,727	1,409,727
39.00 Delivery and Labor Room	0	0	0	0	0	0	0	0	0	0	3,316,338	457,954
40.00 Anesthesiology	0	0	0	0	0	0	0	0	0	0	422,268	58,311
41.00 Radiology-Diagnostic	0	0	0	0	0	0	0	0	0	0	2,226,203	307,417
42.00 Radiology-Therapeutic	0	0	0	0	0	0	0	0	0	0	834,020	115,170
43.00 Radioisotope	0	0	0	0	0	0	0	0	0	0	725,470	100,180
44.00 Laboratory	0	0	0	0	0	0	0	0	0	0	3,407,796	470,584
47.00 Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	869,082	120,012
49.00 Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	1,587,402	219,205
50.00 Physical Therapy	0	0	0	0	0	0	0	0	0	0	1,531,285	211,456
55.00 Medical Supplies Charged to Patient	0	0	0	0	0	0	0	0	0	0	1,113,060	153,703
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	0	3,442,138	475,326
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	0	0	323,240	44,636
59.00	0	0	0	0	0	0	0	0	0	0	0	0
59.01 CT Scan	0	0	0	0	0	0	0	0	0	0	2,094,897	289,285
59.02 Special Procedures	0	0	0	0	0	0	0	0	0	0	668,923	92,372
59.03 Cardiac Diagnostic Cente	0	0	0	0	0	0	0	0	0	0	2,136,537	295,035
59.04	0	0	0	0	0	0	0	0	0	0	0	0
59.05	0	0	0	0	0	0	0	0	0	0	0	0
59.06	0	0	0	0	0	0	0	0	0	0	0	0
59.07	0	0	0	0	0	0	0	0	0	0	0	0
59.08	0	0	0	0	0	0	0	0	0	0	0	0
59.09	0	0	0	0	0	0	0	0	0	0	0	0
59.10	0	0	0	0	0	0	0	0	0	0	0	0
59.11	0	0	0	0	0	0	0	0	0	0	0	0
59.12	0	0	0	0	0	0	0	0	0	0	0	0
59.13	0	0	0	0	0	0	0	0	0	0	0	0
59.14	0	0	0	0	0	0	0	0	0	0	0	0
60.00 Clinic	0	0	0	0	0	0	0	0	0	0	0	0
60.01 CFL Clinic	0	0	0	0	0	0	0	0	0	0	1,601,432	221,142
60.04 Wound Care Clinic	0	0	0	0	0	0	0	0	0	0	984,832	135,996
60.05 Heart Lab	0	0	0	0	0	0	0	0	0	0	220,836	30,495
60.06 San Carlos Clinic	0	0	0	0	0	0	0	0	0	0	75	10
61.00 Emergency	0	0	0	0	0	0	0	0	0	0	2,340,661	323,223
71.00 Home Health Agency	0	0	0	0	0	0	0	0	0	0	2,367,902	326,984
72.00	0	0	0	0	0	0	0	0	0	0	0	0
73.00	0	0	0	0	0	0	0	0	0	0	0	0
74.00	0	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTER:												
96.00 Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	0	0	115,051	15,887
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
99.01 Off Site Respiratory	0	0	0	0	0	0	0	0	0	0	13	2
99.02 Physicians Office Bldgs	0	0	0	0	0	0	0	0	0	0	1,041,278	143,790
99.03 Other Nonreimbursable Service:	0	0	0	0	0	0	0	0	0	0	0	0
99.05 Marketing	0	0	0	0	0	0	0	0	0	0	1,172	162
100.00	0	0	0	0	0	0	0	0	0	0	372,148	51,390
100.01 Physician Services	0	0	0	0	0	0	0	0	0	0	79	11
100.02 Seniro Initiative	0	0	0	0	0	0	0	0	0	0	1,338	185
100.03 Foundation	0	0	0	0	0	0	0	0	0	0	182,498	25,201
100.04 Parish Nursing Program	0	0	0	0	0	0	0	0	0	0	124	17
100.09 Community Health Services	0	0	0	0	0	0	0	0	0	0	256,628	35,438
100.10	0	0	0	0	0	0	0	0	0	0	0	0
100.11	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	0	0	86,046,545	10,440,471

O'CONNOR HOSPITAL

Fiscal Period Ended: JUNE 30, 2001

MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
18.00	19.00

[illegible]

Provider Name:
O'CONNOR HOSPITAL

Fiscal Period Ended: JUNE 30, 2001

MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
18.00	19.00

TRIAL BALANCE		MAINT &	OPER	LAUNDRY &				MAINT OF	NURSING	CENTRAL		MEDICAL	
EXPENSES		REPAIRS	PLANT	LINEN	HOUSEKEEP	DIETARY	CAFE	PERSONNEL	ADMIN	SERVICE	PHARMACY	RECORDS	SOCIAL
		7.00	8.00	9.00	10.00	11.00	12.00	14.00	15.00	& SUPPLY	17.00	& LIBRARY	SERVICE
										16.00		18.00	19.00
ANCILLARY COST CENTERS													
37.00	Operating Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00	Delivery and Labor Room	0	0	0	0	0	0	0	0	0	0	0	0
40.00	Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	0
41.00	Radiology-Diagnostic	0	0	0	0	0	0	0	0	0	0	0	0
42.00	Radiology-Therapeutic	0	0	0	0	0	0	0	0	0	0	0	0
43.00	Radioisotope	0	0	0	0	0	0	0	0	0	0	0	0
44.00	Laboratory	0	0	0	0	0	0	0	0	0	0	0	0
47.00	Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	0	0
49.00	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	0	0
50.00	Physical Therapy	0	0	0	0	0	0	0	0	0	0	0	0
55.00	Medical Supplies Charged to Patient	0	0	0	0	0	0	0	0	0	0	0	0
56.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	0	0	0
57.00	Renal Dialysis	0	0	0	0	0	0	0	0	0	0	0	0
59.00		0	0	0	0	0	0	0	0	0	0	0	0
59.01	CT Scan	0	0	0	0	0	0	0	0	0	0	0	0
59.02	Special Procedures	0	0	0	0	0	0	0	0	0	0	0	0
59.03	Cardiac Diagnostic Center	0	0	0	0	0	0	0	0	0	0	0	0
59.04		0	0	0	0	0	0	0	0	0	0	0	0
59.05		0	0	0	0	0	0	0	0	0	0	0	0
59.06		0	0	0	0	0	0	0	0	0	0	0	0
59.07		0	0	0	0	0	0	0	0	0	0	0	0
59.08		0	0	0	0	0	0	0	0	0	0	0	0
59.09		0	0	0	0	0	0	0	0	0	0	0	0
59.10		0	0	0	0	0	0	0	0	0	0	0	0
59.11		0	0	0	0	0	0	0	0	0	0	0	0
59.12		0	0	0	0	0	0	0	0	0	0	0	0
59.13		0	0	0	0	0	0	0	0	0	0	0	0
59.14		0	0	0	0	0	0	0	0	0	0	0	0
60.00	Clinic	0	0	0	0	0	0	0	0	0	0	0	0
60.01	CFL Clinic	0	0	0	0	0	0	0	0	0	0	0	0
60.04	Wound Care Clinic	0	0	0	0	0	0	0	0	0	0	0	0
60.05	Heart Lab	0	0	0	0	0	0	0	0	0	0	0	0
60.06	San Carlos Clinic	0	0	0	0	0	0	0	0	0	0	0	0
61.00	Emergency	0	0	0	0	0	0	0	0	0	0	0	0
71.00	Home Health Agency	0	0	0	0	0	0	0	0	0	0	0	0
72.00		0	0	0	0	0	0	0	0	0	0	0	0
73.00		0	0	0	0	0	0	0	0	0	0	0	0
74.00		0	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTER:													
96.00	Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	0	0	0	0
99.00	Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
99.01	Off Site Respiratory	0	0	0	0	0	0	0	0	0	0	0	0
99.02	Physicians Office Bldg:	0	0	0	0	0	0	0	0	0	0	0	0
99.03	Other Nonreimbursable Service:	0	0	0	0	0	0	0	0	0	0	0	0
99.05	Marketing	0	0	0	0	0	0	0	0	0	0	0	0
100.00		0	0	0	0	0	0	0	0	0	0	0	0
100.01	Physician Services	0	0	0	0	0	0	0	0	0	0	0	0
100.02	Seniro Initiative	0	0	0	0	0	0	0	0	0	0	0	0
100.03	Foundation	0	0	0	0	0	0	0	0	0	0	0	0
100.04	Parish Nursing Program	0	0	0	0	0	0	0	0	0	0	0	0
100.09	Community Health Services	0	0	0	0	0	0	0	0	0	0	0	0
100.10		0	0	0	0	0	0	0	0	0	0	0	0
100.11		0	0	0	0	0	0	0	0	0	0	0	0
TOTAL		0	0	0	0	0	0	0	0	0	0	0	0

SCHEDULE 8.3

Fiscal Period Ended: JUNE 30, 2001

									POST		
TRIAL BALANCE EXPENSES	ALLOC COST 19.01	ALLOC COST 19.02	ALLOC COST 19.03	NON- PHYSICIAN ANESTH 20.00	NURSING SCHOOL 21.00	INT & RES SALARY & FRINGES 22.00	INT & RES PROGRAM 23.00	PARAMED EDUCAT 24.00	SUBTOTAL 25.00	STEP-DOWN ADJUSTMENT 26.00	TOTAL COST 27.00
GENERAL SERVICE COST CENTER											
1.00 Old Cap Rel Costs-Bldg & Fixture:											
1.01 Old Cap Rel Costs- 53/69											
1.02 Old Cap Rel Costs-Depau											
1.03 Old Cap Rel Costs-Parking											
1.06 Old Cap Rel Cost - Laundry											
2.00 Old Cap Rel Costs- Mvble Equip											
3.00 New Cap Rel Costs-Bldg & Fixture:											
3.01 New Cap Rel Costs- 53/69											
3.02 New Cap Rel Costs-Depau											
3.03 New Cap Rel Costs-Parking											
3.06 New Cap Rel Cost - Laundry											
4.00 New Cap Rel Costs-Mvble Equip											
5.00 Employee Benefits											
5.01 Human Resources											
6.01 Communications											
6.02 Data Processing											
6.03 Purchasing/Receiving											
6.04 Admitting											
6.05 Patient Services											
6.06 Administrative and Genera											
7.00 Maintenance and Repair:											
8.00 Operation of Plant											
9.00 Laundry and Linen Service											
10.00 Housekeeping											
11.00 Dietary											
12.00 Cafeteria											
14.00 Nursing Administrati											
15.00 Central Services & Supplie											
16.00 Pharmacy											
17.00 Medical Records and Medical Librar											
18.00 Social Service											
19.00											
19.01											
19.02	0										
19.03	0	0									
20.00 Nonphysician Anesthetist:	0	0	0								
21.00 Nursing Schoo	0	0	0	0							
22.00 Intern & Res Service-Salary & Fringe	0	0	0	0	0						
23.00 Intern & Res Other Program	0	0	0	0	0	0					
24.00 Paramedical Ed Program	0	0	0	0	0	0	0				
INPATIENT ROUTINE COST CENTER											
25.00 Adults & Pediatrics (Gen Routine	0	0	0	0	0	0	0	0	12,672,608		12,672,608
26.00 Intensive Care Unit	0	0	0	0	0	0	0	0	3,254,210		3,254,210
27.00 Coronary Care Unit	0	0	0	0	0	0	0	0	0		0
28.00 Neonatal Intensive Care Unit	0	0	0	0	0	0	0	0	0		0
29.00 Surgical Intensive Care	0	0	0	0	0	0	0	0	0		0
30.00 Subprovider I	0	0	0	0	0	0	0	0	0		0
31.00 Subprovider I	0	0	0	0	0	0	0	0	0		0
32.00	0	0	0	0	0	0	0	0	0		0
33.00 Nursery	0	0	0	0	0	0	0	0	1,733,341		1,733,341
34.00 Medicare Certified Nursing Facilit	0	0	0</								

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.3

Provider Name:

Fiscal Period Ended: JUNE 30, 2001

O'CONNOR HOSPITAL

O'CONNOR HOSPITAL										POST		
TRIAL BALANCE		ALLOC	ALLOC	ALLOC	NON-		INT & RES			STEP-DOWN	TOTAL	
EXPENSES		COST	COST	COST	PHYSICIAN	NURSING	SALARY &	INT & RES	PARAMED	SUBTOTAL	ADJUSTMENT	COST
		19.01	19.02	19.03	ANESTH	SCHOOL	FRINGES	PROGRAM	EDUCAT	25.00	26.00	27.00
					20.00	21.00	22.00	23.00	24.00			
ANCILLARY COST CENTERS												
37.00	Operating Room	0	0	0	0	0	0	0	0	11,618,454		11,618,454
39.00	Delivery and Labor Room	0	0	0	0	0	0	0	0	3,774,292		3,774,292
40.00	Anesthesiology	0	0	0	0	0	0	0	0	480,579		480,579
41.00	Radiology-Diagnostic	0	0	0	0	0	0	0	0	2,533,620		2,533,620
42.00	Radiology-Therapeutic	0	0	0	0	0	0	0	0	949,190		949,190
43.00	Radioisotope	0	0	0	0	0	0	0	0	825,650		825,650
44.00	Laboratory	0	0	0	0	0	0	0	0	3,878,380		3,878,380
47.00	Blood Storing and Processing	0	0	0	0	0	0	0	0	989,094		989,094
49.00	Respiratory Therapy	0	0	0	0	0	0	0	0	1,806,607		1,806,607
50.00	Physical Therapy	0	0	0	0	0	0	0	0	1,742,741		1,742,741
55.00	Medical Supplies Charged to Patient	0	0	0	0	0	0	0	0	1,266,763		1,266,763
56.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	3,917,464		3,917,464
57.00	Renal Dialysis	0	0	0	0	0	0	0	0	367,876		367,876
59.00		0	0	0	0	0	0	0	0	0		0
59.01	CT Scan	0	0	0	0	0	0	0	0	2,384,182		2,384,182
59.02	Special Procedures	0	0	0	0	0	0	0	0	761,295		761,295
59.03	Cardiac Diagnostic Center	0	0	0	0	0	0	0	0	2,431,572		2,431,572
59.04		0	0	0	0	0	0	0	0	0		0
59.05		0	0	0	0	0	0	0	0	0		0
59.06		0	0	0	0	0	0	0	0	0		0
59.07		0	0	0	0	0	0	0	0	0		0
59.08		0	0	0	0	0	0	0	0	0		0
59.09		0	0	0	0	0	0	0	0	0		0
59.10		0	0	0	0	0	0	0	0	0		0
59.11		0	0	0	0	0	0	0	0	0		0
59.12		0	0	0	0	0	0	0	0	0		0
59.13		0	0	0	0	0	0	0	0	0		0
59.14		0	0	0	0	0	0	0	0	0		0
60.00	Clinic	0	0	0	0	0	0	0	0	0		0
60.01	CFL Clinic	0	0	0	0	0	0	0	0	1,822,574		1,822,574
60.04	Wound Care Clinic	0	0	0	0	0	0	0	0	1,120,828		1,120,828
60.05	Heart Lab	0	0	0	0	0	0	0	0	251,331		251,331
60.06	San Carlos Clinic	0	0	0	0	0	0	0	0	85		85
61.00	Emergency	0	0	0	0	0	0	0	0	2,663,884		2,663,884
71.00	Home Health Agency	0	0	0	0	0	0	0	0	2,694,886		2,694,886
72.00		0	0	0	0	0	0	0	0	0		0
73.00		0	0	0	0	0	0	0	0	0		0
74.00		0	0	0	0	0	0	0	0	0		0
NONREIMBURSABLE COST CENTER:												
96.00	Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	130,938		130,938
99.00	Nonpaid Workers	0	0	0	0	0	0	0	0	0		0
99.01	Off Site Respiratory	0	0	0	0	0	0	0	0	15		15
99.02	Physicians Office Bldgs	0	0	0	0	0	0	0	0	1,185,068		1,185,068
99.03	Other Nonreimbursable Services	0	0	0	0	0	0	0	0	0		0
99.05	Marketing	0	0	0	0	0	0	0	0	1,334		1,334
100.00		0	0	0	0	0	0	0	0	423,538		423,538
100.01	Physician Services	0	0	0	0	0	0	0	0	90		90
100.02	Seniro Initiative	0	0	0	0	0	0	0	0	1,523		1,523
100.03	Foundation	0	0	0	0	0	0	0	0	207,699		207,699
100.04	Parish Nursing Program	0	0	0	0	0	0	0	0	141		141
100.09	Community Health Services	0	0	0	0	0	0	0	0	292,066		292,066
100.10		0	0	0	0	0	0	0	0	0		0
100.11		0	0	0	0	0	0	0	0	0		0
TOTAL		0	0	0	0	0	0	0	0	69,690,555	0	69,690,555

Provider Name:

O'CONNOR HOSPITAL

OLD BLDG & FIXTURES (SQ FT)	OLD MOVBLE EQUIP (SQ FT)	NEW BLDG & FIXTURES (SQ FT)	NEW MOVBLE EQUIP (SQ FT)	STAT	STAT	STAT	STAT	STAT	STAT	STAT	STAT
1.00	1.01	1.02	1.03	1.06	2.00	3.00	3.01	3.02	3.03	3.06	4.00
(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)

GENERAL SERVICE COST CENTERS

1.00 Old Cap Rel Costs-Bldg & Fixtures
 1.01 Old Cap Rel Costs- 53/69
 1.02 Old Cap Rel Costs-Depau
 1.03 Old Cap Rel Costs-Parking
 1.06 Old Cap Rel Cost - Laundry
 2.00 Old Cap Rel Costs- Mvble Equip
 3.00 New Cap Rel Costs-Bldg & Fixtures
 3.01 New Cap Rel Costs- 53/69
 3.02 New Cap Rel Costs-Depaul
 3.03 New Cap Rel Costs-Parking
 3.06 New Cap Rel Cost - Laundry
 4.00 New Cap Rel Costs-Mvble Equip
 5.00 Employee Benefits
 5.01 Human Resources
 6.01 Communications
 6.02 Data Processing
 6.03 Purchasing/Receiving
 6.04 Admitting
 6.05 Patient Services

6.06 Administrative and Genera
 7.00 Maintenance and Repairs
 8.00 Operation of Plant
 9.00 Laundry and Linen Service
 10.00 Housekeeping
 11.00 Dietary
 12.00 Cafeteria
 14.00 Nursing Administration
 15.00 Central Services & Supplies
 16.00 Pharmacy
 17.00 Medical Records and Medical Library
 18.00 Social Service
 19.00
 19.01
 19.02
 19.03
 20.00 Nonphysician Anesthetists
 21.00 Nursing School
 22.00 Intern & Res Service-Salary & Fringes
 23.00 Intern & Res Other Program
 24.00 Paramedical Ed Program

INPATIENT ROUTINE COST CENTERS

25.00 Adults & Pediatrics (Gen Routine
 26.00 Intensive Care Unit
 27.00 Coronary Care Unit
 28.00 Neonatal Intensive Care Unit
 29.00 Surgical Intensive Care
 30.00 Subprovider I
 31.00 Subprovider II
 32.00
 33.00 Nursery
 34.00 Medicare Certified Nursing Facility
 35.00 Distinct Part Nursing Facility
 36.00
 36.01 Subacute Care Unit
 36.02 Transitional Care Unit

[illegible]

O'CONNOR HOSPITAL

SCHEDULE 9.1

[illegible]

SCHEDULE 9.1

O'CONNOR HOSPITAL

O'CONNOR HOSPITAL	EMP BENE	STAT	STAT	STAT	STAT	STAT	STAT	STAT	STAT	ADM & GEN	MAINT &
	(GROSS									(ACCUM	REPAIRS
	SALARIES)	5.00	5.01	6.01	6.02	6.03	6.04	6.05		COST)	(SQ FT)
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)		7.00
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)		(Adj)
ANCILLARY COST CENTERS											
37.00 Operating Room										10,208,727	
39.00 Delivery and Labor Room										3,316,338	
40.00 Anesthesiology										422,268	
41.00 Radiology-Diagnostic										2,226,203	
42.00 Radiology-Therapeutic										834,020	
43.00 Radioisotope										725,470	
44.00 Laboratory										3,407,796	
47.00 Blood Storing and Processing										869,082	
49.00 Respiratory Therapy										1,587,402	
50.00 Physical Therapy										1,531,285	
55.00 Medical Supplies Charged to Patients										1,113,060	
56.00 Drugs Charged to Patients										3,442,138	
57.00 Renal Dialysis										323,240	
59.00										0	
59.01 CT Scan										2,094,897	
59.02 Special Procedures										668,923	
59.03 Cardiac Diagnostic Center										2,136,537	
59.04										0	
59.05										0	
59.06										0	
59.07										0	
59.08										0	
59.09										0	
59.10										0	
59.11										0	
59.12										0	
59.13										0	
59.14										0	
60.00 Clinic										0	
60.01 CFL Clinic										1,601,432	
60.04 Wound Care Clinic										984,832	
60.05 Heart Lab										220,836	
60.06 San Carlos Clinic										75	
61.00 Emergency										2,340,661	
71.00 Home Health Agency										2,367,902	
72.00										0	
73.00										0	
74.00										0	
NONREIMBURSABLE COST CENTERS											
96.00 Gift, Flower, Coffee Shop & Canteen										115,051	
99.00 Nonpaid Workers										0	
99.01 Off Site Respiratory										13	
99.02 Physicians Office Bldgs										1,041,278	
99.03 Other Nonreimbursable Services										0	
99.05 Marketing										1,172	
100.00										372,148	
100.01 Physician Services										79	
100.02 Seniro Initiative										1,338	
100.03 Foundation										182,498	
100.04 Parish Nursing Program										124	
100.09 Community Health Services										256,628	
100.10										0	
100.11										0	
TOTAL	0	0	0	0	0	0	0	0	0	75,606,074	0
COST TO BE ALLOCATED	10,124,122	916,188	567,936	1,992,279	933,421	962,932	2,067,383	0	0	10,440,471	3,301,085
UNIT COST MULTIPLIER - SCH 8	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.138090	0.000000

STATE OF CALIFORNIA

STATISTICS FOR COST ALLOCATION (W/S/ B-1)

Fiscal Period Ended: JUNE 30, 2001

SCHEDULE 9.2

Provider Name:

O'CONNOR HOSPITAL

OPER PLANT (SQ FT)	LAUNDRY & LINEN (LB LNDRY)	HOUSE- KEEPING (HR SERV)	DIETARY (MEALS SERVED)	CAFETERIA	MAINT OF PERSONNEL (# HOUSED)	NURSING ADMIN (NURSE HR)	CENT SERV & SUPPLY (CST REQ)	PHARMACY (COSTS REQUIS)	MED REC (TIME SPENT)	SOC SERV (TIME SPENT)	STAT
8.00	9.00	10.00	11.00	12.00	14.00	15.00	16.00	17.00	18.00	19.00	19.01
(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)

GENERAL SERVICE COST CENTERS

1.00 Old Cap Rel Costs-Bldg & Fixtures
 1.01 Old Cap Rel Costs- 53/69
 1.02 Old Cap Rel Costs-Depau
 1.03 Old Cap Rel Costs-Parking
 1.06 Old Cap Rel Cost - Laundry
 2.00 Old Cap Rel Costs- Mvble Equip
 3.00 New Cap Rel Costs-Bldg & Fixtures
 3.01 New Cap Rel Costs- 53/69
 3.02 New Cap Rel Costs-Depaul
 3.03 New Cap Rel Costs-Parking
 3.06 New Cap Rel Cost - Laundry
 4.00 New Cap Rel Costs-Mvble Equip
 5.00 Employee Benefits
 5.01 Human Resources
 6.01 Communications
 6.02 Data Processing
 6.03 Purchasing/Receiving
 6.04 Admitting
 6.05 Patient Services

6.06 Administrative and Genera
 7.00 Maintenance and Repairs
 8.00 Operation of Plant
 9.00 Laundry and Linen Service
 10.00 Housekeeping
 11.00 Dietary
 12.00 Cafeteria
 14.00 Nursing Administration
 15.00 Central Services & Supplies
 16.00 Pharmacy
 17.00 Medical Records and Medical Library
 18.00 Social Service
 19.00
 19.01
 19.02
 19.03
 20.00 Nonphysician Anesthetists
 21.00 Nursing School
 22.00 Intern & Res Service-Salary & Fringes
 23.00 Intern & Res Other Program
 24.00 Paramedical Ed Program

INPATIENT ROUTINE COST CENTERS

25.00 Adults & Pediatrics (Gen Routine
 26.00 Intensive Care Unit
 27.00 Coronary Care Unit
 28.00 Neonatal Intensive Care Unit
 29.00 Surgical Intensive Care
 30.00 Subprovider I
 31.00 Subprovider II
 32.00
 33.00 Nursery
 34.00 Medicare Certified Nursing Facility
 35.00 Distinct Part Nursing Facility
 36.00
 36.01 Subacute Care Unit
 36.02 Transitional Care Unit

SCHEDULE 9.2

O'CONNOR HOSPITAL

[illegible]

37.00	Operating Room
39.00	Delivery and Labor Room
40.00	Anesthesiology
41.00	Radiology-Diagnostic
42.00	Radiology-Therapeutic
43.00	Radioisotope
44.00	Laboratory
47.00	Blood Storing and Processing
49.00	Respiratory Therapy
50.00	Physical Therapy
55.00	Medical Supplies Charged to Patients
56.00	Drugs Charged to Patients
57.00	Renal Dialysis
59.00	
59.01	CT Scan
59.02	Special Procedures
59.03	Cardiac Diagnostic Center
59.04	
59.05	
59.06	
59.07	
59.08	
59.09	
59.10	
59.11	
59.12	
59.13	
59.14	
60.00	Clinic
60.01	CFL Clinic
60.04	Wound Care Clinic
60.05	Heart Lab
60.06	San Carlos Clinic
61.00	Emergency
71.00	Home Health Agency
72.00	
73.00	
74.00	

96.00	Gift, Flower, Coffee Shop & Canteen
99.00	Nonpaid Workers
99.01	Off Site Respiratory
99.02	Physicians Office Bldgs
99.03	Other Nonreimbursable Services
99.05	Marketing
100.00	
100.01	Physician Services
100.02	Seniro Initiative
100.03	Foundation
100.04	Parish Nursing Program
100.09	Community Health Services
100.10	
100.11	

[illegible]

Provider Name:

O'CONNOR HOSPITAL

STAT	STAT	NONPHY ANESTH (ASG TIME)	NURSE SCHOOL (ASG TIME)	I&R-SAL & FRINGES (ASG TIME)	I&R-PRG COST (ASG TIME)	PARAMED EDUCAT (ASG TIME)
19.02	19.03	20.00	21.00	22.00	23.00	24.00
(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)

GENERAL SERVICE COST CENTERS

1.00 Old Cap Rel Costs-Bldg & Fixtures
 1.01 Old Cap Rel Costs- 53/69
 1.02 Old Cap Rel Costs-Depau
 1.03 Old Cap Rel Costs-Parking
 1.06 Old Cap Rel Cost - Laundry
 2.00 Old Cap Rel Costs- Mvble Equip
 3.00 New Cap Rel Costs-Bldg & Fixtures
 3.01 New Cap Rel Costs- 53/69
 3.02 New Cap Rel Costs-Depaul
 3.03 New Cap Rel Costs-Parking
 3.06 New Cap Rel Cost - Laundry
 4.00 New Cap Rel Costs-Mvble Equip
 5.00 Employee Benefits
 5.01 Human Resources
 6.01 Communications
 6.02 Data Processing
 6.03 Purchasing/Receiving
 6.04 Admitting
 6.05 Patient Services

6.06 Administrative and Genera
 7.00 Maintenance and Repairs
 8.00 Operation of Plant
 9.00 Laundry and Linen Service
 10.00 Housekeeping
 11.00 Dietary
 12.00 Cafeteria
 14.00 Nursing Administration
 15.00 Central Services & Supplies
 16.00 Pharmacy
 17.00 Medical Records and Medical Library
 18.00 Social Service

19.00
 19.01
 19.02
 19.03

20.00 Nonphysician Anesthetists
 21.00 Nursing School
 22.00 Intern & Res Service-Salary & Fringes
 23.00 Intern & Res Other Program
 24.00 Paramedical Ed Program

INPATIENT ROUTINE COST CENTERS

25.00 Adults & Pediatrics (Gen Routine)
 26.00 Intensive Care Unit
 27.00 Coronary Care Unit
 28.00 Neonatal Intensive Care Unit
 29.00 Surgical Intensive Care
 30.00 Subprovider I
 31.00 Subprovider II
 32.00
 33.00 Nursery
 34.00 Medicare Certified Nursing Facility
 35.00 Distinct Part Nursing Facility
 36.00
 36.01 Subacute Care Unit
 36.02 Transitional Care Unit

SCHEDULE 9.3

O'CONNOR HOSPITAL

[illegible]

TRIAL BALANCE OF EXPENSES

Provider Name:
O'CONNOR HOSPITAL

Fiscal Period Ended:
JUNE 30, 2001

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
GENERAL SERVICE COST CENTERS				
1.00	Old Cap Rel Costs-Bldg & Fixtures	\$ 3,373,324	\$ 0	\$ 3,373,324
1.01	Old Cap Rel Costs- 53/69		0	0
1.02	Old Cap Rel Costs-Depaul		0	0
1.03	Old Cap Rel Costs-Parking		0	0
1.06	Old Cap Rel Cost - Laundry		0	0
2.00	Old Cap Rel Costs- Mvble Equip	173,923	0	173,923
3.00	New Cap Rel Costs-Bldg & Fixtures	2,218,138	0	2,218,138
3.01	New Cap Rel Costs- 53/69		0	0
3.02	New Cap Rel Costs-Depaul	3,098	0	3,098
3.03	New Cap Rel Costs-Parking	5,958	0	5,958
3.06	New Cap Rel Cost - Laundry		0	0
4.00	New Cap Rel Costs-Mvble Equip	3,608,168	0	3,608,168
5.00	Employee Benefits	10,124,122	0	10,124,122
5.01	Human Resources	916,188	0	916,188
6.01	Communications	567,936	0	567,936
6.02	Data Processing	1,992,279	0	1,992,279
6.03	Purchasing/Receiving	933,421	0	933,421
6.04	Admitting	962,932	0	962,932
6.05	Patient Services	2,067,383	0	2,067,383
			0	0
			0	0
6.06	Administrative and General	10,440,471	0	10,440,471
7.00	Maintenance and Repairs	2,900,547	0	2,900,547
8.00	Operation of Plant	1,785,252	0	1,785,252
9.00	Laundry and Linen Service	673,746	0	673,746
10.00	Housekeeping	1,915,700	0	1,915,700
11.00	Dietary	447,672	0	447,672
12.00	Cafeteria	1,295,405	0	1,295,405
14.00	Nursing Administration	1,538,131	0	1,538,131
15.00	Central Services & Supplies	744,034	0	744,034
16.00	Pharmacy	1,070,579	0	1,070,579
17.00	Medical Records and Medical Library	1,790,543	0	1,790,543
18.00	Social Service	209,824	0	209,824
19.00			0	0
19.01			0	0
19.02			0	0
19.03			0	0
20.00	Nonphysician Anesthetists		0	0
21.00	Nursing School		0	0
22.00	Intern & Res Service-Salary & Fringes		0	0
23.00	Intern & Res Other Program		0	0
24.00	Paramedical Ed Program		0	0
INPATIENT ROUTINE COST CENTERS				
25.00	Adults & Pediatrics (Gen Routine)	11,134,975	0	11,134,975
26.00	Intensive Care Unit	2,859,360	0	2,859,360
27.00	Coronary Care Unit		0	0
28.00	Neonatal Intensive Care Unit		0	0
29.00	Surgical Intensive Care		0	0
30.00	Subprovider I		0	0
31.00	Subprovider II		0	0
32.00			0	0
33.00	Nursery	1,523,026	0	1,523,026
34.00	Medicare Certified Nursing Facility	1,323,827	0	1,323,827
35.00	Distinct Part Nursing Facility		0	0
36.00			0	0
36.01	Subacute Care Unit		0	0
36.02	Transitional Care Unit		0	0

STATE OF CALIFORNIA

SCHEDULE 10

TRIAL BALANCE OF EXPENSES

Provider Name:
O'CONNOR HOSPITAL

Fiscal Period Ended:
JUNE 30, 2001

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
37.00	Operating Room	\$ 10,208,727	\$ 0	\$ 10,208,727
39.00	Delivery and Labor Room	3,316,338	0	3,316,338
40.00	Anesthesiology	422,268	0	422,268
41.00	Radiology-Diagnostic	2,226,203	0	2,226,203
42.00	Radiology-Therapeutic	834,020	0	834,020
43.00	Radioisotope	725,470	0	725,470
44.00	Laboratory	3,407,796	0	3,407,796
47.00	Blood Storing and Processing	869,082	0	869,082
49.00	Respiratory Therapy	1,587,402	0	1,587,402
50.00	Physical Therapy	1,531,285	0	1,531,285
55.00	Medical Supplies Charged to Patients	1,113,060	0	1,113,060
56.00	Drugs Charged to Patients	3,442,138	0	3,442,138
57.00	Renal Dialysis	323,240	0	323,240
59.00			0	0
59.01	CT Scan	2,094,897	0	2,094,897
59.02	Special Procedures	668,923	0	668,923
59.03	Cardiac Diagnostic Center	2,136,537	0	2,136,537
59.04			0	0
59.05			0	0
59.06			0	0
59.07			0	0
59.08			0	0
59.09			0	0
59.10			0	0
59.11			0	0
59.12			0	0
59.13			0	0
59.14			0	0
60.00	Clinic		0	0
60.01	CFL Clinic	1,601,432	0	1,601,432
60.04	Wound Care Clinic	984,832	0	984,832
60.05	Heart Lab	220,836	0	220,836
60.06	San Carlos Clinic	75	0	75
61.00	Emergency	2,340,661	0	2,340,661
71.00	Home Health Agency	2,367,902	0	2,367,902
72.00			0	0
73.00			0	0
74.00			0	0
	SUBTOTAL	\$ 111,023,086	\$ 0	\$ 111,023,086
	NONREIMBURSABLE COST CENTERS			
96.00	Gift, Flower, Coffee Shop & Canteen	115,051	0	115,051
99.00	Nonpaid Workers		0	0
99.01	Off Site Respiratory	13	0	13
99.02	Physicians Office Bldgs	1,041,278	0	1,041,278
99.03	Other Nonreimbursable Services		0	0
99.05	Marketing	1,172	0	1,172
100.00		372,148	0	372,148
100.01	Physician Services	79	0	79
100.02	Seniro Initiative	1,338	0	1,338
100.03	Foundation	182,498	0	182,498
100.04	Parish Nursing Program	124	0	124
100.09	Community Health Services	256,628	0	256,628
100.10			0	0
100.11			0	0
	SUBTOTAL	\$ 1,970,329	\$ 0	\$ 1,970,329
103	TOTAL	\$ 112,993,415	\$ 0	\$ 112,993,415

(To Schedule 8)

[illegible]

(To Sch 10)

[illegible]

0 0 0 0 0 0 0 0 0 0 0 0 0

Provider Name							Fiscal Period			Provider Number		Adjustments
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
COST REPORT												
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.						

Provider Name							Fiscal Period			Provider Number		Adjustments	
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted			
Adj. No.	Audit Report	COST REPORT											
		Work Sheet	Part	Title	Line	Col.							

Provider Name							Fiscal Period	Provider Number		Adjustments
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	COST REPORT								
		Work Sheet	Part	Title	Line	Col.				